

Section 316.066(1), Florida Statutes, requires that "the driver of a vehicle which is in any manner involved in an accident resulting in bodily injury to or death of any person or damage to any vehicle or other property in an apparent amount of at least \$500 shall, within 10 days after the accident, forward a written report of such accident to the Department. However, when the investigating officer has made a written report of the accident...no written report need be forwarded to the Department by the driver."

IF YOU WERE TOLD TO COMPLETE AND FORWARD THIS REPORT TO THE DEPARTMENT, PLEASE REFER TO THE FOLLOWING INSTRUCTIONS AND EXAMPLE PRIOR TO DOING SO.

PLEASE: • *Print clearly and fill in all areas.*

EXAMPLE:

Time & Location	DATE OF CRASH 01/01/85		TIME OF CRASH 11:30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		TIME OFFICER NOTIFIED <input type="checkbox"/> AM <input type="checkbox"/> PM		TIME OFFICER ARRIVED <input type="checkbox"/> AM <input type="checkbox"/> PM		INVEST. AGENCY REPORT NUMBER		HSMV CRASH REPORT NUMBER		
	COUNTY / CITY CODE				CITY OR TOWN St. Petersburg						COUNTY Pinellas		
	AT NODE NO.		1 <input type="checkbox"/> 2 <input type="checkbox"/>		FROM NODE NO.		NEXT NODE NO. ON		NO. OF LANES		1 <input type="checkbox"/> DIVIDED 2 <input type="checkbox"/> UNDIVIDED		
	OR		FEET / MILES		ROAD						2nd Street South		
Vehicle Pedestrian	AT INTERSECTION OF		1 <input type="checkbox"/> 2 <input type="checkbox"/>		OR		FEET / MILES		N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> of		OF INTERSECTION OF		
	U.S. 19												
	YEAR	MAKE	TYPE (car, truck, bicycle, etc.)		VEHICLE LICENSE TAG NO.		STATE	YEAR	VEHICLE IDENTIFICATION NUMBER				
	80	FORD	Car		ABC - 123		FL	85					
	Check Areas of Vehicle Damage		Front	R / Front	L / Front	R / Side	L / Side	Rear	R / Rear	L / Rear	INSURANCE COMPANY (LIABILITY OR PIP)		
											INSURANCE CO. OF FL		
											POLICY NO. I.C.F. 120000		
	OWNER'S FULL NAME (Check if Same as Driver <input type="checkbox"/>)				ADDRESS (Number and Street)				CITY AND STATE		ZIP CODE		
	JOHN DOE				1111 FIRST STREET NORTH				ST. PETERSBURG, FL		33731		
	DRIVER (Exactly as on Driver's License) / PEDESTRIAN				ADDRESS (Number and Street)				CITY AND STATE		ZIP CODE		
BILL DOE				SAME AS OWNER									
DRIVER'S LICENSE NUMBER				STATE		LIC. TYPE		Mo. DATE OF BIRTH Day Year		RACE	SEX	EST. AMOUNT OF DAMAGE	
D 56134546000				FL				01/01/70		W	M	\$ 500.00	
DRIVER / PEDESTRIAN HOME PHONE Area Code				DATE OF BIRTH		TYPE		DRIVER / PEDESTRIAN BUSINESS PHONE Area Code		VEHICLE REMOVED BY:		1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other	
PASSENGER'S NAME				ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE		AGE			

WITNESSES other than PASSENGERS	NAME	ADDRESS - Name and Street	City / State / Zip
	JOHN SMITH	100 8th AVE. SOUTH	ST. PETERSBURG, FL 33731
	BILL SMITH	100 8th AVE. SOUTH	ST. PETERSBURG, FL 33731
RANK AND SIGNATURE OF RESPONDING / INVESTIGATING OFFICER		I.D. / BADGE NO.	DEPARTMENT
CPL. MIKE JONES		4001	ST. PETERSBURG
		1 <input type="checkbox"/> FHP 3 <input checked="" type="checkbox"/> CPD 2 <input type="checkbox"/> SO 4 <input type="checkbox"/> OTHER	

- *Keep a copy of this report for your records and for insurance purposes.*
- *Sign the report.*
- *Mail this report to:*

**Department of Highway Safety & Motor Vehicles
Traffic Crash Records
Tallahassee, Florida 32399**

Signature of Driver Making Report: _____